

Guidelines for OVHA Coverage

ITEM: ENURESIS ALARM

DEFINITION: An enuresis alarm is a device that signals to the wearer that there is moisture touching the alarm's sensor. It is generally worn in the bedclothes or underwear. It is used as a form of conditioning with the goal of continence.

GUIDELINES: An enuresis alarm may be appropriate for those individuals who:

- Are VT Medicaid beneficiaries over the age of 5 AND
- Have day or nighttime urinary incontinence that is amenable to a conditioning program AND
- Have documented evidence that trials of fluid control, timed voiding, reminders, and use of an alarm clock to awaken the individual before an incontinent episode have all been unsuccessful AND
- Have the cognitive and motivational ability to respond to the alarm and follow through with the conditioning program AND
- When this device is prescribed by a medical provider active with the VT Medicaid program who is knowledgeable in the area of incontinence AND
- Where that medical professional will set up and track the use of the device to ensure appropriate follow-through, because without consistent follow-through a conditioning program is ineffective and can in fact be detrimental.

APPLICABLE CODES:

E1399 Durable medical equipment not otherwise specified.

CAUTIONS: This device would not be appropriate for individuals who have medical conditions that cannot respond to continence training, such as conditions where there is no sensation in the bladder or urinary sphincter area. This device may also not be effective when there is untreated psychological distress due to individual or family issues.

EXAMPLES OF DIAGNOSES: Nocturnal enuresis, delayed continence.

REQUIRED DOCUMENTATION:

- A current, complete Certificate of Medical Necessity that includes applicable diagnoses.
- Supportive documentation providing evidence that trials of fluid control, timed voiding, reminders, and use of an alarm clock to awaken the individual before an incontinent episode have all been unsuccessful.
- Documentation of the tracking program that will be used by the requesting provider to ensure appropriate follow-through by caregivers.

REFERENCES:

Glazener, CM et al. Alarm interventions for nocturnal enuresis in children. Cochrane Database Syst Rev. 2001; (1): CD002911

Lancioni, GE et al. Urine alarms and prompts for fostering daytime urinary continence in a student with multiple disabilities: a replication study. Percept Mot Skills. 2002 Jun;94 (3 pt 1): 867-70.

Glazener CM et al. Simple Behavioral and physical interventions for nocturnal enuresis in children. Cochrane Database Syst Rev. 2002;(2): CD003637.

Tobias NE et al. A comparison of two enuresis alarms. Urol. Nurs.2001 Oct;21 (5):349-53.

El-Anany FG et al, Primary Nocturnal Enuresis: a new approach to conditioning treatment. Urology. 1999 Feb;53(2):405-8;discussion 408-9.

Gimpel GA et al. Clinical perspectives in primary nocturnal enuresis. Clin Pediatr (Phila.) 1998 Jan;37(1):23-9.

www.bedwettingstore.com, for prices and examples of devices available.

Signature of OVHA Director:

Signature of OVHA Medical Director:

Revision date:

Revision date:

Revision date: